

Western Regional Trauma Advisory Committee (WRTAC)

October 9th, 2004

St. James Healthcare, Butte, MT

Trauma Coordinator / Registrar Meeting

Hospital Trauma Registry

Kim Todd is requesting facilities to begin data collection for the Hospital Trauma Registry. Requirement for State trauma designation includes participation with the Hospital Trauma Registry and routine downloading of demographic information to the State Trauma Registry. The State hopes to use this information to demonstrate the costs of trauma for legislative support to fund a state trauma system, establish performance improvement processes for trauma care which can be benchmarked with other states and design injury prevention programs based upon the data from the registry.

Kim Todd and Pam LaFontaine developed an abstract form that can be used by facilities to eliminate entry into the computer. This abstract form will be sent to Pam for computer entry.

Recommendation: Kim will submit a letter to each facility explaining the process for submitting data to the State and will clarify the safeguards for protecting patient confidentiality and HIPPA regulations. The State has asked facilities to make sure the patient name is not on the form submitted for data entry. Additionally, the State has asked to have facilities contact Pam LaFontaine by phone when abstracts are mailed, so she can watch for them in the mail. Ideally, abstracts should be sent on a monthly or quarterly basis, depending on facility volume. After the State receives data for at least six months, the RTACs will review the Trauma Registry process and make suggestions for improvement at that point.

Trauma Flow Sheet

The committee agreed to develop a flow sheet template for facilities to either adopt or use as a guide to develop a flow sheet specific to that facility's needs.

Recommendation: Kim will contract with an individual interested to review flow sheet samples and develop a flowsheet template for Montana facilities. A draft version will be brought to the January meeting for review.

WRTAC Meeting

Call To Order

The WRTAC meeting was called to order at 11:45am by Dr. Brad Pickhardt, Chair.

Review of Minutes

The minutes from July 04 were reviewed and accepted as written.

Attendance

The attendance roster is attached. A suggestion was made for the confidentiality statement to appear at the top of the attendance roster, to eliminate individually signed confidentiality forms to be signed before the case review section.

Recommendation: Kim Todd will confirm that the attendance roster with a confidentiality statement at the top will provide the legal safeguards against case discovery.

Case Review Education Points:

Case Review #1 - Mass Triage Review

Overview:

A total of 52 patients were seen in the emergency department of the hospital closest to the incident. 23 patients came by ambulance, the others came by private vehicles. Some of the patients that came by private vehicle arrived before any report from the Field Transport Officer had been given to the hospital.

The incident happened around midnight, so lighting was an issue at the scene.

The EMS / Fire / Rescue personnel used Color Staging for triaging; Red (surgical, need resuscitation), Yellow (Hurt, but stable), Green (Walking wounded), Black (dead). Most hospital staff was unfamiliar with the color coded triage system.

The Field Transport Officer (FTO) at the scene would alternate ambulance loads of patients between two area hospitals and the FTO would communicate with the facilities to let them know what was coming by ambulance. One recommendation identified: to have a designated person at each facility communicate with the FTO to assist with determining which hospital would be best to receive the patient based upon the available resources at that hospital.

The hospitals north and south of the incident heard radio communication that indicated a big event, but did not initially receive direct communication that they may be involved in receiving patients. A recommendation would be to have a resource that can contact all the hospitals outside of the incident area to identify what resources are available, which hospitals can take patients, and arrange additional transport agencies to help transport patients.

The discussion included brainstorming about whether or not additional medical / clinical resources should be brought to the hospital closest to the incident, however, discussion concluded that the patients would be best served by getting them transferred out to a higher level of care instead of holding them at the first receiving facility that may or may not have the equipment / manpower to care for them.

Issues for Improvement:

After review of this incident, the committee agreed that there needs to be a mechanism in place for the folks involved in the mass triage incident to make one call that would quickly identify the local and regional resources available to them. Having a *central medical dispatch system* would significantly streamline the communication throughout the counties and region and would identify the available resources and would result in a more efficient triage system.

Case Review 2

In the event of respiratory distress or arrest, begin with basic airway assessment and if intubation is indicated, attempt to entotracheal intubate first. If ETT is unsuccessful, attempt with a combitube. If ETT and Combitube attempts are unsuccessful, then consider and attempt a cricothyroidomy.

Medical Director Subcommittee Report

The On-line Medical Director's course is now available and is a requirement for all EMS agency medical directors to complete before any of the EMS Modules can be endorsed.

Education / Finance Subcommittee Report

WRTAC Grant Funds

At this time there is \$8070 available in WRTAC grant funds. A pending request for \$500 to provide a Missoula PHTLS course in January 2005 that will be offered to EMS personnel in surrounding counties was discussed.

Recommendation: The committee approved the \$500 request for providing a PHTLS course in Missoula in January.

The WRTAC grant proposal has been submitted to HRSA, with special thanks to St. Joseph Hospital for agreeing to be the requesting agency on behalf of the WRTAC. The plan for this grant is to allocate funds towards trauma training for clinical staff, EMS personnel and to implement injury prevention activities into communities throughout western Montana.

Recommendation: As part of the grant proposal, a survey will be mailed to each facility requesting information regarding telemed capabilities within the community or at the facility.

Society of Trauma Nurses (STN) Trauma Course

The next STN Trauma Course will be held at SPH in Missoula on Nov. 4 & 5, 2004. The new STN update has been received and will be incorporated into this course.

Injury Prevention Subcommittee Report

A draft version of the WRTAC injury prevention poster was reviewed, with several recommendations to be made. The poster will be revised and copies will be made available at the January 05 meeting for each facility to take several back to their communities.

ATLS

ATLS Provider courses available in 2005

March 11, & 12, Great Falls

June 10 & 11, Missoula

Sept. 16 & 17, Bozeman

ATLS Instructor Course Available in 2005

After the March 11 & 12 Course

State Report

The State Attorney's Office is reviewing the Montana Trauma System Rules, and a deadline for having the legal review completed is January 17th, 2005. After the legal review, facility trauma designation process will begin for those facilities interested in becoming a trauma designated facility.

Horse Study – Two Year Final Results

Shelley Otoupalik presented the results from the final phase of the horse study. Overall, in the last two years, 55% female, 45% male were injured from a horse related incident. 26% of patients had a head injury, 50% had an extremity injury.

Area Trauma Plan Updates:

Butte

Two new general surgeons have been hired and are helping take trauma call coverage. The new helipad will be available soon.

Missoula

Community Medical Center has asked for the American College of Surgeons (ACS) to come for a Level III consultation visit. The visit will be held in October. St. Patrick Hospital continues to jump financial hurdles with the trauma program.

Lake

St. Joseph Hospital distributed copies of the newly revised C-spine guideline. A copy of this will be included in the mailing.

Meeting Adjournment

The meeting was adjourned at 4:00pm. Dr. Pickhardt thanked St. James Healthcare on behalf of the WRTAC for hosting this meeting and providing lunch and beverages.

The next meeting will take place on Jan. 14th at Community Medical Center in Missoula. Dr. Gould will begin his term as the Chair of the WRTAC at this meeting.